

# ARIZONA STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS  
DIVISION OF VITAL STATISTICS

REPORT OF BIRTH

return should preferably be made  
by the person who made the original)

## SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. \*

Place of Birth

(Registration District)

CHILD\* Twin  
or other? 1 } and { Number  
in order  
of birth

DATE OF BIRTH\*

Jan  
(Month)

31  
(Day)

1930  
(Year)

FATHER

Jesús Barajas

MOTHER

Agustina Gamboa

I HEREBY CERTIFY that the child described herein

has been named

Jesús  
(Give name in full)

(Surname)

Barajas

(Parent's Signature)

(Signature of Physician or Midwife)

These names to be entered by the local registrar before giving out this form.

Additional supplemental reports of birth may be obtained from the local registrar.

1-43-S.P.Co.

122-131-171